



# **TB Clinical Care Services**

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# Team Coordination

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- Clinical Care
  - Charlotte Adair, N.P. -contract nurse - TB manual development, FAQs
  - Elizabeth Foy, B.S.N, R.N.- nursing consultation and administration
- Epidemiology/Clinical
  - Tonya Conley, Ed.D., R.N. –Flight notifications, cluster investigations
  - Erica Mendoza-Incident reports, contact investigations
  - Mary Pomeroy, M.S.N, R.N.-Genotyping, TB alerts, clusters
- Congregate Settings / Targeted Testing
  - Raiza Ruiz – technical assistance and guidance
- Programmatic
  - Tomas Rodriguez - CDC,DQMQ flight notifications, Do Not Board (DNB), Be On the Lookout (BOLO)
- Program Evaluation
  - Robin Beatty - Cohort Review, Drug Resistant Cases data entry
  - Sergio Noyola-QA/QC
- IT/THISIS
  - Jose Reyes-www.texasb.org, THISIS

# Clinical Care Team Core Services

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- Clinical Consultation



- Standing Delegation Orders (SDOs)



- Program Admin, incl. Drug Resistance



# Standing Delegation Orders (SDOs)

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## **Texas Department of State Health Services Standing Delegation Orders for Tuberculosis Clinical Services Provided by Authorized Licensed Nurses, Fiscal Year 2016**

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The purpose of this document is to provide authority for specific acts of tuberculosis (TB) clinical services under authority of Rule Title 22, Texas Administrative Code §193.2, Standing Delegation Orders.

Standing delegation orders (SDOs) and standing medical orders (SMOs) are written instructions, orders, rules, regulations or procedures prepared by a physician. SDOs provide authority and a plan for use with patients presenting themselves prior to being examined or evaluated by a physician. SMOs provide authority and direction for the performance of certain prescribed acts for patients which have been examined or evaluated by a physician. SDOs and SMOs are distinct from specific orders written for a particular patient.

The intended audience for these orders is authorized licensed nurses working in Texas Department of State Health Services (DSHS) Health Service Regions.

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## Contact Us

TB and Refugee Health  
Services Branch

MC 1939  
P.O. Box 149347  
Austin, TX 78756-9347

Phone: 512-533-3000  
Fax: 512-533-3167

[Email the TB Program](#)

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## TB Control Standards

### Standards for TB Prevention and Control

[FY 2016 Texas Tuberculosis Work Plan](#) (2.1 MB)

[Notice of Change in TB Personnel](#) (67 KB)

### Standing Delegation Orders (FY2016)

Title	File	Revised
Signed Memorandum for Standing Delegation Orders (SDO) and Standing Medical Orders for TB Prevention and Control	 77 KB	8-25-15
SDO Question and Answer Session Document	 237 KB	8-13-15
Tuberculosis Clinical Services Provided by Registered Nurses and Licensed Vocational Nurses	 975 KB  251 KB	8-14-15
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### TB Policies and Procedures

Policy Number	Policy Name	File	Revised

- [TB Home](#)
- [About Us](#)
- [FAQs](#)
- [TB Forms](#)
- [TB Control Standards](#)
- [Statistics](#)
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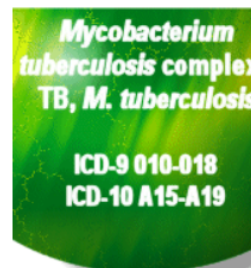
## TB Medical Consultants

### TB Cases in Selected Counties 2014



Total Texas TB Cases = 1,269

## Data Requests



TB is caused by a

# Clinical Consultation

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## **Respond to phone and email inquiries**

- Research recommendations, collaborate with other entities (i.e. pharmacy orders, legal counsel), provide guidance or overview of clinical best practices in TB control

## **Educate public/private entities**

- Provide guidance to private physician offices, LHDs/HSRs, and congregate settings
- FAQs often come in about TB screening and testing-ex. do HCWs need serial CXRs?

## **TB Incident Reports**

- Jurisdictions inform the Branch, clinical care team may need to follow up with clinical consultation as needed

# Examples of Clinical Consultation Questions

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- Can we release this patient from home isolation?
- Is this client's treatment considered complete?
- What can we use for incentives and enablers?
- How do I convert my client's doses into daily dose equivalents?
- I think the physician prescribed too low of a dose for my pediatric patient. Please, confirm my calculation.
- What is the best way to administer medications to my pediatric patient?

# Many answers in SDOs and the Work Plan

## Table of Contents

- A. Definitions
- B. Method Used for Development, Approval, and Revision
- C. Level of Experience, Training, Competence, and Education Required
- D. Method of Maintaining a Written Record of Authorized Licensed Nurses
- E. Authorized Delegated Acts
- F. Procedures and Requirements to be Followed by Authorized Licensed Nurses
- G. Client Record-Keeping Requirements
- H. Scope of Supervision Required
- I. Specialized Circumstances to Immediately Communicate with the Authorizing Physician
- J. Limitations on Setting
- K. Date and Signature of the Authorizing Physician

ATTACHMENT 1: *Attestation of Authorized Licensed Nurse*

ATTACHMENT 2: *Medical Screening*

ATTACHMENT 3: *TB Screening Tests*

ATTACHMENT 4: *Laboratory Tests (Labs)*

ATTACHMENT 5: *Chest X-Ray (CXR)*

ATTACHMENT 6: *Sputum Collection*

ATTACHMENT 7: *Medications*

ATTACHMENT 8: *DSHS-recognized Expert TB Physician Consult Indications*

## Texas Tuberculosis Work Plan

FY16

### V. Manage Tuberculosis Cases and Suspects

**General Requirement:** Provide services to evaluate, treat, and monitor clients with suspected or confirmed tuberculosis disease regardless of ability to pay.

Adhere to procedures outlined in the *Standing Delegation Orders and Standing Medical Orders for Tuberculosis Prevention and Control (SDOs)*.



# Many answers can be found in SDOs

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## ATTACHMENT 4: *Laboratory Tests (Labs)*

- A. Clients suspected or confirmed to have TB disease will have the following labs collected under the following circumstances:

At Baseline:

1. Baseline measurements of complete blood count (CBC), AST, ALT, total bilirubin, alk phos, albumin, and creatinine.

Monthly:

1. Monthly measurements of CBC, AST, ALT, total bilirubin, alk phos, and/or creatinine if the baseline result is abnormal.
2. Monthly measurements of AST, ALT, total bilirubin, and alk phos for clients with risk factors for hepatotoxicity or other complications, including but not limited to:
  - Pregnant clients
  - Female clients during the first three months postpartum
  - Clients with or at risk for HBV, HCV, or other liver disorder
  - Clients with other comorbidities or chronic medical conditions
  - Clients who use alcohol or recreational drugs (orally or by injection)
  - Clients with HIV infection/AIDS
  - Clients on medications that affect or are excreted by the liver

As Needed:

1. Measurement of AST, ALT, total bilirubin, alk phos, and albumin if AST, ALT and/or bilirubin level exceeds more than three times the upper limit of normal in the presence of symptoms or more than five times the upper limit of normal with or without symptoms present. Hold medication and contact the licensed healthcare provider for instructions.
2. Measurement of AST, ALT, total bilirubin, alk phos, and albumin if there is a significant increase, as defined by the licensed healthcare provider, compared to any prior measurements, in alk phos. Hold medication and contact the licensed healthcare provider for instructions.

# Many answers can be found in SDOs

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## ATTACHMENT 5: *Chest X-Ray (CXR)*

For clients younger than 18 years old, CXR should include posterior-anterior and lateral views.  
For adult clients, CXR should include at least posterior-anterior view.  
For pregnant clients evaluated for active TB disease, CXR should be done with appropriate shielding without delay, even in the first trimester.

*A. The following clients will have an initial CXR:*

*1. Clients suspected or confirmed to have TB disease:*

- a. All clients exhibiting signs and symptoms of pulmonary TB.
- b. Clients with suspected or known extra-pulmonary TB to assess for the presence of pulmonary involvement.

*2. Clients with TB infection (including clients on window prophylaxis):*

- a. Clients exhibiting signs and symptoms of active TB.
- b. Clients newly identified as infected with TB based upon a documented positive TST result or documented positive IGRA result.

*3. Clients undergoing evaluation as part of a contact investigation:*

- a. Clients newly identified as infected with TB based upon a documented positive TST result or documented positive IGRA result.
- b. Clients who are contacts to a TB case and have documentation of a prior positive TB screening test.
- c. Clients who are contacts to a TB case and are at high risk of progression to active TB disease regardless of their TB screening test result:
  - Children younger than 5 years old
  - Clients who have HIV infection or at high risk for HIV infection
  - Clients who have an immunocompromising condition
  - Clients receiving immunosuppressive therapy

*4. Clients who are recent immigrants (less than 5 years) who have been referred to the health department for evaluation through the Electronic Disease Notification system (EDN) or who are recent immigrants (less than 5 years) and self-refer to the health department for services.*

*B. The following clients will have a follow-up CXR:*

*1. Clients suspected or confirmed to have TB disease:*

# Many answers can be found in SDOs

## G. Completion of Therapy for TB Infection:

Below are the *minimum* number of doses required, based on regimens listed in *Table 5* and the corresponding time frame for acceptable completion of therapy.

1. INH/RPT (by DOT ONLY) = 12 doses (minimum of 11 doses acceptable) administered in no fewer than 12 weeks (but no more than 16 weeks) by DOT ONLY. Doses must be separated by  $\geq 72$  hours to be counted.
2. 4 months of rifampin =  
7 days per week for 120 doses taken within 6 months, OR  
5 days per week for 86 doses **administered by DOT** within 6 months

3. When regimens vary from above, are extended, or change frequently, doses from each phase should be converted to “**daily dose equivalents**”. Use the minimum numbers for daily dosing of each phase when making a determination of adequate number of doses to complete therapy. Consult the licensed healthcare provider or the regional TB program manager, or the TB and Refugee Health Services Branch TB Nurse Consultant for assistance, if needed.  
For example, for 5 days per week dosing, 40 doses should be given for the initiation phase and 90 doses should be given for the continuation phase.
  - If twice weekly doses were administered, multiply the total number of twice weekly doses by 2.5 (because 5 days per week  $\div$  2 doses per week = 2.5) to convert the twice weekly doses to the daily dose equivalents.
  - If 3 times (thrice) weekly doses were administered, multiply the total number of thrice weekly doses by 1.67 (because 5 days per week  $\div$  3 doses per week = 1.67) to

# Many answers can be found in SDOs

## C. Pediatric Dosing:

**TABLE 6. Pediatric Dosing Range for Daily, Twice Weekly, Maximum Doses, and Forms Available for the First-Line Anti-Tuberculosis Medications**

DAILY DOSE RANGE*				
Child's Weight (kg)	Isoniazid (INH) 10-15 mg/kg/day Dose, mg Max dose: 300mg	Rifampin (RIF) 10-20 mg/kg/day Dose, mg Max dose: 600mg	Pyrazinamide (PZA) 30-40 mg/kg/day Dose, mg Max dose: 2000mg	Ethambutol (EMB) 15-25 mg/kg/day Dose, mg Max dose: 1000mg
3-5	50	50	125	50-100
6-9	100	100	250	150
10-15	150	150	375-500	250
16-20	200	200	500-750	300
21-25	300	300	750	400
26-45	300	450	1000-1500	600-700
46-50	300	600	1500-2000	800
51-66	300	600	2000	1000
67+	300	600	2000	1000
<b>TWICE WEEKLY DOSE:</b>	20-30 mg/kg/dose Max dose: 900 mg	10-20 mg/kg/dose Max dose: 600 mg	50 mg/kg/dose Max dose: 2000 mg	50 mg/kg/dose Max dose: 2500 mg
<b>Forms available:</b>	Scored tablets: 100 mg 300 mg Syrup: 10 mg/ml†	Capsules: 150 mg 300 mg Syrup: compounded formulation	Scored tablets: 500 mg	Tablets: 100 mg 400 mg

\*Note that there are many factors that can affect medication stability when tablets are broken or crushed/capsules are opened and then mixed with food or liquids. Consult a trusted drug reference before using food disguises.

†Many experts advise against using INH syrup because it is frequently associated with diarrhea.

Table adapted from American Academy of Pediatrics Redbook by Kim Smith, MD.

# References/Recommendations:

23 documents listed  
in the SDO

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- g. Updated Guidelines for the Use of Nucleic Acid Amplification Tests in the Diagnosis of Tuberculosis. MMWR. 2009; 58(1):7-10.  
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Errata: Treatment of Tuberculosis. MMWR. 2005; 53(51&52):1203.  
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- p. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. MMWR. 2000; 49(RR06):1-54.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm>



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## State-Specific TB Information - Texas

### TB Medical Consultation Process

Please contact Elizabeth Foy, Nurse Consultant for Texas at 512-533-3144; [Elizabeth.foy@dshs.state.tx.us](mailto:Elizabeth.foy@dshs.state.tx.us) for information regarding medication consultations.

### TB Program Website

Texas Department of State Health Services, Infectious Disease Control Unit, Tuberculosis  
<http://www.dshs.state.tx.us/idcu/disease/tb>

### TB Controller

Sandra Morris  
Texas Department of State Health  
Services  
TB Services Branch  
1100 West 49th Street  
Suite T801, Mail Code 1939, PO Box  
149347  
Austin, Texas 78714

Phone: 512-533-3128  
Fax: 512-533-3167  
Email: [sandraa.morris@dshs.state.tx.us](mailto:sandraa.morris@dshs.state.tx.us)

### TB Focal Point

Tomas Rodriguez, MA  
CDC Public Health Advisor  
Tuberculosis and Refugee Health Services  
Branch

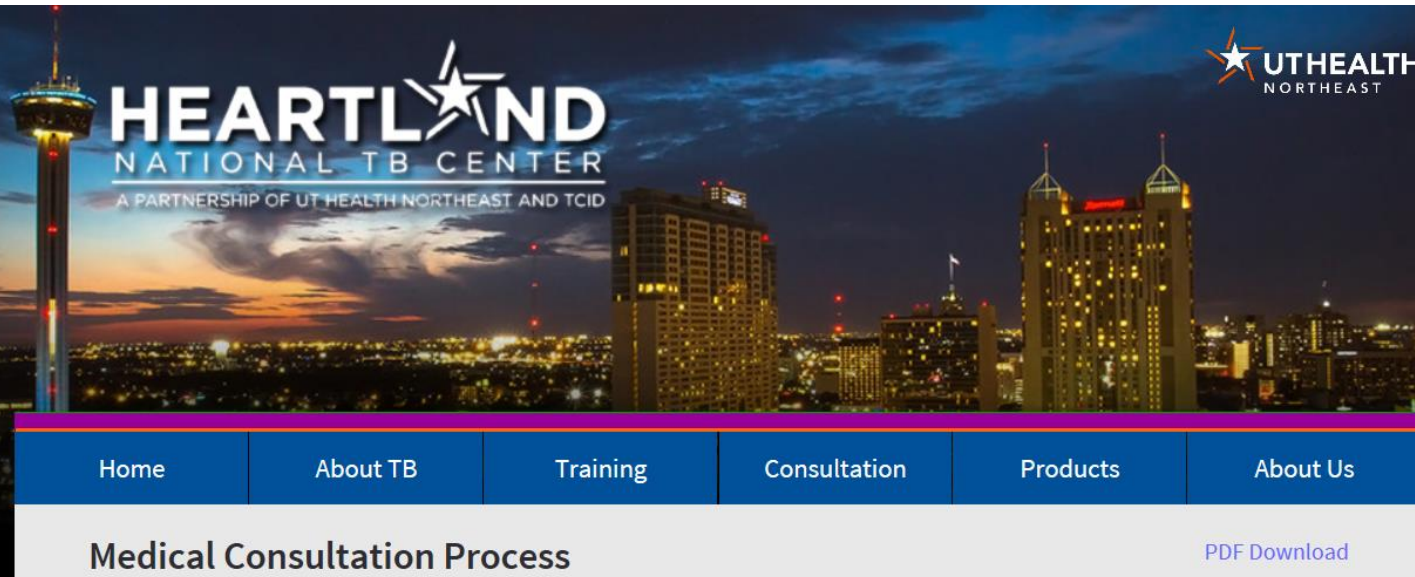
# Heartland Consultation

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All requests for consults from Heartland should include:

- the specific question to be answered,
- adequate information regarding the history, physical, and diagnostic test results, and

# Heartland Consultation



**HEARTLAND**  
NATIONAL TB CENTER  
A PARTNERSHIP OF UT HEALTH NORTHEAST AND TCID

**UTHEALTH**  
NORTHEAST

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## Medical Consultation Process

[PDF Download](#)

Medical and nursing consultation and technical assistance with various aspects of TB control are available at no cost to physicians, nurses and other health care professionals in the nine states that comprise the Heartland Region.

The consultation **WARM** line is staffed Monday – Friday, from 8:00 AM until 5:00 PM, Central Time. After business hours, voice mail service is available. Voice mail messages will be returned within one business day by the Medical Consultant or a Nurse Consultant.



# Heartland Consultation

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- c. Reason for consult request
- d. History of present illness: review of events from patient's initial presentation proceeding chronologically up to the present time. Depending on the nature of the consult, this may be relatively uncomplicated or may be highly complex. As back-up documentation, request copies of state reporting forms, hospital admission history and physical, hospital discharge summary and any other consults completed.
- e. Prior LTBI/TB history
- f. Tuberculin skin test (TST) history, current TST date and results, and IGRA results and dates
- g. Chest x-ray/CT/Other diagnostic imaging: request written reports
- h. AFB smear and culture results, antibiotic sensitivity results and pathology results, if appropriate
- i. Treatment regimen(s), to include start, stop and restart dates. Review the following information: directly observed therapy (DOT), self-administration, adherence, intolerance, adverse drug reactions, etc.
- j. Laboratory monitoring/HIV status: baseline and periodic laboratory monitoring results. Copies of laboratory reports may be requested, if indicated. If HIV seropositive, request viral load(s) and CD4 count(s)
- k. Medical history/Co-morbid conditions/Surgical history, if applicable
- l. Medication history (prescription, over-the-counter, folk, herbal), concentrating on medications that increase risk of progression to active TB disease, cause significant drug-drug interactions or increase risk of TB medication toxicity
- m. Social and individual risk factors for LTBI and/or TB disease
- n. Current weight, to include gain or loss in response to therapy
- o. Summary of contact investigation if pertinent to consult
- p. How the caller became aware of HNTC consultation services (CDC website, HNTC website, referral from state or local health department, etc.)

# Heartland Consultation

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Medical consultation email should be sent to the Heartland Nurse Consultants:

- Catalina Navarro

[Catalina.Navarro@uthct.edu](mailto:Catalina.Navarro@uthct.edu)

- Debbie Onofre

[Debbie.Onofre@uthct.edu](mailto:Debbie.Onofre@uthct.edu)

**cc: to the regional TB Program Manager,  
the Regional Medical Director, and  
the TB and Refugee Health Services Branch  
Nurse Consultant.**

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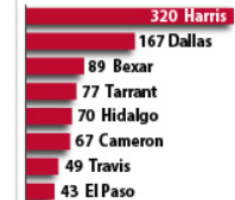
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Policy Number	Policy Name	File	Revised
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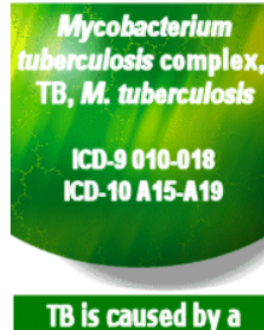
### TB Medical Consultants

### TB Cases in Selected Counties 2014



Total Texas TB Cases = 1,269

### Data Requests



**Mycobacterium tuberculosis complex, TB, M. tuberculosis**

ICD-9 010-018  
ICD-10 A15-A19

**TB is caused by a**

# Heartland Consultation

Required for the  
following:

Texas Department of State Health Services Standing Delegation Orders for Tuberculosis Clinical  
Services Provided by Authorized Licensed Nurses, Fiscal Year 2016

## ATTACHMENT 8: *DSHS-recognized Expert TB Physician Consult Indications*

1. Client is a contact to a case of MDR-TB or XDR-TB. (Required)
2. Client has laboratory-confirmed drug resistance or is suspected to have drug resistant-TB. (Required)
  - a. Laboratory confirmed drug resistance is defined as resistance to isoniazid and/or rifampin or to any drug other than streptomycin\* on drug susceptibility panel testing. *Consultation must occur within 3 days of laboratory notification.*  
*\*If the organism is identified as M. bovis with monoresistance to PZA, then consultation is not required.*
  - b. Drug resistance should be considered in any client with:
    - Known exposure to an individual with drug-resistant TB
    - Residence in a setting with high rates of primary drug-resistant TB, such as a country or area with high rates of drug-resistant TB in newly diagnosed individuals
    - Persistently positive smear or culture results at or after four months of treatment
    - Previous TB treatment, particularly if it was not directly observed or was interrupted for any reason
3. Client has positive sputum cultures for *M.tb* after 4 months of appropriate therapy for TB disease and is deemed a treatment failure. (Required)
4. Client has been prescribed a 2nd line medication. (Required)  
*\*Rifabutin can be used interchangeably with rifampin in clients with drug interactions. If rifabutin is used in place of rifampin due to a drug interaction, then consultation is not required.*

## Also a list of recommended circumstances:

5. Client has HIV infection and is on antiretrovirals or anticipates starting on antiretrovirals. (Recommended)
6. Client has complex medical comorbidities. (Recommended)
7. Client is under the age of 5 years. (Recommended)
8. Client's symptoms or CXR have not improved after the first 2 months of treatment. (Recommended)
9. Client has a positive sputum smear for acid-fast bacilli and/or positive sputum culture for *M.tb* after 2 months of appropriate therapy for TB disease. (Recommended)
10. Client has treatment interrupted for more than 2 weeks in the initial phase of therapy for TB disease. (Recommended)
11. Client has treatment interrupted for more than 3 months in the continuation phase of therapy for TB disease. (Recommended)



If not a required consult, can't be found in the SDO, and

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- the question involves “what is the process for this?”
- the question involves a “difficult patient”
- assistance is needed for a “complex situation”
- brainstorming assistance is needed for a “next step”
- technical assistance is needed

Please contact the Regional TB Program first.  
If further assistance is needed, then contact the  
DSHS TB Branch nurse consultant.

# Drug Resistance Program

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- Policy TB-4002:

The DSHS laboratory will perform antimycobacterial susceptibility testing for *Mycobacterium tuberculosis* complex as specified by national standards (7.1, 7.2, 7.3).

## TB Branch performs the following:

- tracking 2<sup>nd</sup> line medication requests
- ensuring expert physician consult obtained (work plan p10)
- Monthly reports of drug resistant cases are sent to all TB Program managers
- ITEAMS support
  - management of pharmacy orders for TB meds

# Drug Resistance Program Reporting

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## **TX DSHS TB 2016 Work Plan (p30):**

- Complete and submit form TB-400 on all newly diagnosed drug resistant cases within five (5) days of notification to the DSHS Tuberculosis Services Branch
- Submit an updated form TB-400 every ninety (90) days for all drug resistant cases until completion of treatment to DSHS Tuberculosis Services Branch
- Submit within seventy-two (72) hours of notification any changes in case management, drug resistance patterns, or change of residence of all drug resistant TB cases to DSHS Tuberculosis Services Branch





# Second Line TB Medications Approval Process

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1. Provider/requesting TB program enters the initial order(s) for second-line TB medications into the DSHS Pharmacy system
2. DSHS Pharmacy will contact the TB Branch for approval
3. TB Service Branch will review and approve or deny the request based on the following: (work plan p12)

If the client has drug-resistant TB, the provider/requesting TB program must upload to the PHIN:

- a copy of the medication order,
- Forms TB400A & TB400B, and
- a copy of the TB expert medical consult letter/email recommending second line medications

If client does not have drug-resistant TB, the provider/requesting TB program must upload to the PHIN:

- a copy of the medication order,
- Forms TB400A & TB400B,
- a copy of a treating provider's note indicating the medical necessity for the second line drug(s), AND
- a copy of the TB expert medical consult letter/email recommending second line medications



# Drug Resistance Program Reporting

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1. Submit all lab reports and TB expert consults and TB 400s to the Drug-Resistant Program via the PHIN.

Folder: HIV and TB Files/Central-TB/Drug Resistance

2. Email Robin Beatty [robin.beatty@dshs.state.tx.us](mailto:robin.beatty@dshs.state.tx.us) with the file name and password

# Second Line TB Medications

levofloxacin (NDC 50458092050) Levaquin 250 mg tablet 50	Must have medical expert consult and TB program approval on first order
levofloxacin (NDC 50458092550) Levaquin 500 mg tablet 50	
levofloxacin (NDC 50458093020) Levaquin 750 mg tablet 20	
linezolid (NDC 00009513502) Zyvox 600 mg tablet 20	
moxifloxacin (NDC 00085173301) Avelox 400 mg tablet 30	
capastat sulfate (NDC 17478008050) Capreomycin 1 gm/10ml vial	
amikacin sulfate (NDC 00703904003) Amikan vial 250 mg/ml vial	

# Drug Resistance Program Monthly Report

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## Monthly Report

- The Drug-Resistant TB Monthly Reports are uploaded to the PHIN:

Folder: HIV and TB Files/Central-TB/Drug Resistance

- A notification is sent to each local and regional TB program manager and registrar
- Please review the Drug-Resistant TB Monthly Report for complete and accurate patient information

# Delivering Culturally Competent Care



## 2015 Surveillance Report

**Table 11: Foreign-born TB Cases by Top 15 Countries of Birth, 2011 - 2015**

Country of Birth	2011	2012	2013	2014	2015
MEXICO	348	326	312	343	324
VIETNAM	63	54	54	66	71
HONDURAS	36	29	34	42	42
INDIA	37	44	39	43	40
BURMA	14	16	15	21	30
GUATEMALA	14	19	21	35	30
PHILIPPINES	25	31	28	31	25
EL SALVADOR	20	20	18	25	23
CHINA	15	13	9	15	18
ETHIOPIA	9	12	13	14	16
NEPAL	7	6	12	4	14
NIGERIA	6	3	12	12	12
BANGLADESH	3	4	3	3	8
ERITREA	5	.	3	4	8
SOMALIA	6	3	10	11	8

## Importance of providing care that is culturally appropriate and in patient's language:

**DSHS Employees-**

**<http://online.dshs.texas.gov/languageservices.htm>**



Sections/Units | Phone Book | DSHS Internet | HHS Intranet | Emergency Information

EA Home	
Communications	
Executive Operations and Support	
Government Affairs	
Health Policy and Coordination	
IT/Privacy	
Public Relations	

### Over-the-Phone Interpretation

**Oral transmittal of information from one language to another language and vice versa in a phone conversation**

Over-the-phone interpretation services are provided under HHSC contracts with two vendors.

#### Vendors:

Use the primary vendor if possible. No purchase order is required. 24-hour services are available. A certified medical interpreter can be requested if needed.

For purchasing assistance, contact Ludivina Swor, (512) 487-3407, [ludivina.swor@hhsc.state.tx.us](mailto:ludivina.swor@hhsc.state.tx.us).

**Primary:** Language Line

**Web:** [www.language-line.com](http://www.language-line.com)  
[Over-the-Phone Interpreting FAQs](#)  
[List of Languages](#)

**Phone:** To access a **non-medical interpreter** dial 855-203-6620  
To access a certified medical interpreter dial 800-379-2134  
If you are having problems connecting to an interpreter dial 800-752-6096

**Charges:** Yes

**Notes:** To access services, call the vendor; press 1 for Spanish, 2 for all other languages; enter your 11-digit employee ID number.

**Secondary:** Language Services Associates, Inc. (InterpreTalk®)

**Web:** [www.lsaweb.com](http://www.lsaweb.com)  
["Tips on Working with Telephone Interpreters"](#)  
[Non-Medical Interpreter Desktop Reference Card \(58 kb, PDF\)](#)  
[Medical Interpreter Desktop Reference Card \(51 kb, PDF\)](#)

**Phone:** To access a **non-medical interpreter** dial 866-636-1866  
To access a medical interpreter dial 866-791-7229

**Charges:** Yes

# Delivering Culturally Competent Care

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**Importance of providing care that is culturally appropriate and in patient's language:**

**Other Websites-**

- [http://www.cdc.gov/tb/education/patient\\_edmaterials.htm](http://www.cdc.gov/tb/education/patient_edmaterials.htm)
- <https://www.dhs.wisconsin.gov/tb/language.htm>
- <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/factsheets.html>
- <https://ethnomed.org/patient-education/tuberculosis>



# TB Resources

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- TB Standing Delegation Orders
  - <http://www.dshs.state.tx.us/idcu/disease/tb/policies/>
- TB Frequently Asked Questions (FAQ)
  - <http://www.dshs.state.tx.us/idcu/disease/tb/faqs/>
- TB Forms
  - <http://www.dshs.state.tx.us/idcu/disease/tb/forms/>
- CDC Tuberculosis info page
  - <http://www.cdc.gov/tb>

# Questions?